

1                                   A bill to be entitled  
2           An act relating to child protection; amending s.  
3           39.303, F.S.; revising the entities responsible for  
4           screening, employing, and terminating child protection  
5           team medical directors to include the Statewide  
6           Medical Director for Child Protection; revising the  
7           term "district medical director" to "child protection  
8           team medical director"; revising references to  
9           subdivisions of the state from "districts" to  
10          "circuits"; revising the required board certifications  
11          for child protection team medical directors and  
12          reviewing physicians; revising the timeframe in which  
13          child protection team medical directors must obtain  
14          certification; requiring Children's Medical Services  
15          to convene a task force to develop a protocol for  
16          forensic interviewing of children suspected of having  
17          been abused; specifying membership of the task force;  
18          requiring Children's Medical Services to develop,  
19          maintain, and coordinate one or more sexual abuse  
20          treatment programs; amending s. 39.3031, F.S.;  
21          requiring the Department of Health in consultation  
22          with the Department of Children and Families to adopt  
23          rules regarding sexual abuse treatment programs;  
24          amending ss. 458.3175, 459.0066, and 827.03, F.S.;  
25          revising provisions regarding expert testimony

26 provided by certain entities to include criminal cases  
 27 involving child abuse and neglect, dependency cases,  
 28 and cases involving sexual abuse of a child; providing  
 29 an effective date.

30

31 Be It Enacted by the Legislature of the State of Florida:

32

33 Section 1. Section 39.303, Florida Statutes, is amended to  
 34 read:

35 39.303 Child protection teams and sexual abuse treatment  
 36 programs; services; eligible cases.-

37 (1) The Children's Medical Services Program in the  
 38 Department of Health shall develop, maintain, and coordinate the  
 39 services of one or more multidisciplinary child protection teams  
 40 in each of the service circuits ~~districts~~ of the Department of  
 41 Children and Families. Such teams may be composed of appropriate  
 42 representatives of school districts and appropriate health,  
 43 mental health, social service, legal service, and law  
 44 enforcement agencies. The Department of Health and the  
 45 Department of Children and Families shall maintain an  
 46 interagency agreement that establishes protocols for oversight  
 47 and operations of child protection teams and sexual abuse  
 48 treatment programs. The State Surgeon General and the Deputy  
 49 Secretary for Children's Medical Services, in consultation with  
 50 the Secretary of Children and Families and the Statewide Medical

51 Director for Child Protection, shall maintain the responsibility  
 52 for the screening, employment, and, if necessary, the  
 53 termination of child protection team medical directors, ~~at~~  
 54 ~~headquarters and~~ in the 15 circuits ~~districts~~.

55 (2) (a) The Statewide Medical Director for Child Protection  
 56 must be a physician licensed under chapter 458 or chapter 459  
 57 who is a board-certified pediatrician with a subspecialty  
 58 certification in child abuse from the American Board of  
 59 Pediatrics.

60 (b) Each child protection team ~~district~~ medical director  
 61 must be a physician licensed under chapter 458 or chapter 459  
 62 who is a board-certified physician in pediatrics or family  
 63 medicine ~~pediatrician~~ and, within 2 ~~4~~ years after the date of  
 64 ~~his or her~~ employment as a child protection team ~~district~~  
 65 medical director, obtains ~~either obtain~~ a subspecialty  
 66 certification in child abuse from the American Board of  
 67 Pediatrics or within 2 years meet the minimum requirements  
 68 established by a third-party credentialing entity recognizing a  
 69 demonstrated specialized competence in child abuse pediatrics  
 70 pursuant to paragraph (d). Each child protection team ~~district~~  
 71 medical director employed on July 1, 2015, must, by July 1,  
 72 2019, ~~within 4 years,~~ either obtain a subspecialty certification  
 73 in child abuse from the American Board of Pediatrics or meet the  
 74 minimum requirements established by a third-party credentialing  
 75 entity recognizing a demonstrated specialized competence in

76 child abuse pediatrics pursuant to paragraph (d). Child  
77 protection team medical directors shall be responsible for  
78 oversight of the teams in the circuits ~~districts~~.

79 (c) All medical personnel participating on a child  
80 protection team must successfully complete the required child  
81 protection team training curriculum as set forth in protocols  
82 determined by the Deputy Secretary for Children's Medical  
83 Services and the Statewide Medical Director for Child  
84 Protection.

85 (d) Contingent on appropriations, the Department of Health  
86 shall approve one or more third-party credentialing entities for  
87 the purpose of developing and administering a professional  
88 credentialing program for child protection team ~~district~~ medical  
89 directors. Within 90 days after receiving documentation from a  
90 third-party credentialing entity, the department shall approve a  
91 third-party credentialing entity that demonstrates compliance  
92 with the following minimum standards:

93 1. Establishment of child abuse pediatrics core  
94 competencies, certification standards, testing instruments, and  
95 recertification standards according to national psychometric  
96 standards.

97 2. Establishment of a process to administer the  
98 certification application, award, and maintenance processes  
99 according to national psychometric standards.

100 3. Demonstrated ability to administer a professional code

101 of ethics and disciplinary process that applies to all certified  
102 persons.

103 4. Establishment of, and ability to maintain, a publicly  
104 accessible Internet-based database that contains information on  
105 each person who applies for and is awarded certification, such  
106 as the person's first and last name, certification status, and  
107 ethical or disciplinary history.

108 5. Demonstrated ability to administer biennial continuing  
109 education and certification renewal requirements.

110 6. Demonstrated ability to administer an education  
111 provider program to approve qualified training entities and to  
112 provide precertification training to applicants and continuing  
113 education opportunities to certified professionals.

114 (3) The Department of Health shall use and convene the  
115 child protection teams to supplement the assessment and  
116 protective supervision activities of the family safety and  
117 preservation program of the Department of Children and Families.  
118 This section does not remove or reduce the duty and  
119 responsibility of any person to report pursuant to this chapter  
120 all suspected or actual cases of child abuse, abandonment, or  
121 neglect or sexual abuse of a child. The role of the child  
122 protection teams is ~~shall be~~ to support activities of the  
123 program and to provide services deemed by the child protection  
124 teams to be necessary and appropriate to abused, abandoned, and  
125 neglected children upon referral. The specialized diagnostic

126 assessment, evaluation, coordination, consultation, and other  
127 supportive services that a child protection team must ~~shall~~ be  
128 capable of providing include, but are not limited to, the  
129 following:

130 (a) Medical diagnosis and evaluation services, including  
131 provision or interpretation of X rays and laboratory tests, and  
132 related services, as needed, and documentation of related  
133 findings.

134 (b) Telephone consultation services in emergencies and in  
135 other situations.

136 (c) Medical evaluation related to abuse, abandonment, or  
137 neglect, as defined by policy or rule of the Department of  
138 Health.

139 (d) Such psychological and psychiatric diagnosis and  
140 evaluation services for the child or the child's parent or  
141 parents, legal custodian or custodians, or other caregivers, or  
142 any other individual involved in a child abuse, abandonment, or  
143 neglect case, as the team may determine to be needed.

144 (e) Expert medical, psychological, and related  
145 professional testimony in court cases.

146 (f) Case staffings to develop treatment plans for children  
147 whose cases have been referred to the team. A child protection  
148 team may provide consultation with respect to a child who is  
149 alleged or is shown to be abused, abandoned, or neglected, which  
150 consultation shall be provided at the request of a

151 representative of the family safety and preservation program or  
152 at the request of any other professional involved with a child  
153 or the child's parent or parents, legal custodian or custodians,  
154 or other caregivers. In every such child protection team case  
155 staffing, consultation, or staff activity involving a child, a  
156 family safety and preservation program representative shall  
157 attend and participate.

158 (g) Case service coordination and assistance, including  
159 the location of services available from other public and private  
160 agencies in the community.

161 (h) Such training services for program and other employees  
162 of the Department of Children and Families, employees of the  
163 Department of Health, and other medical professionals as is  
164 deemed appropriate to enable them to develop and maintain their  
165 professional skills and abilities in handling child abuse,  
166 abandonment, and neglect cases.

167 (i) Educational and community awareness campaigns on child  
168 abuse, abandonment, and neglect in an effort to enable citizens  
169 more successfully to prevent, identify, and treat child abuse,  
170 abandonment, and neglect in the community.

171 (j) Child protection team assessments that include, as  
172 appropriate, medical evaluations, medical consultations, family  
173 psychosocial interviews, specialized clinical interviews, or  
174 forensic interviews.

175

176 A child protection team that is evaluating a report of medical  
177 neglect and assessing the health care needs of a medically  
178 complex child shall consult with a physician who has experience  
179 in treating children with the same condition.

180 (4) The child abuse, abandonment, and neglect reports that  
181 must be referred by the department to child protection teams of  
182 the Department of Health for an assessment and other appropriate  
183 available support services as set forth in subsection (3) must  
184 include cases involving:

185 (a) Injuries to the head, bruises to the neck or head,  
186 burns, or fractures in a child of any age.

187 (b) Bruises anywhere on a child 5 years of age or under.

188 (c) Any report alleging sexual abuse of a child.

189 (d) Any sexually transmitted disease in a prepubescent  
190 child.

191 (e) Reported malnutrition of a child and failure of a  
192 child to thrive.

193 (f) Reported medical neglect of a child.

194 (g) Any family in which one or more children have been  
195 pronounced dead on arrival at a hospital or other health care  
196 facility, or have been injured and later died, as a result of  
197 suspected abuse, abandonment, or neglect, when any sibling or  
198 other child remains in the home.

199 (h) Symptoms of serious emotional problems in a child when  
200 emotional or other abuse, abandonment, or neglect is suspected.



201 (5) All abuse and neglect cases transmitted for  
202 investigation to a circuit ~~district~~ by the hotline must be  
203 simultaneously transmitted to the ~~Department of Health~~ child  
204 protection team for review. For the purpose of determining  
205 whether a face-to-face medical evaluation by a child protection  
206 team is necessary, all cases transmitted to the child protection  
207 team which meet the criteria in subsection (4) must be timely  
208 reviewed by:

209 (a) A physician licensed under chapter 458 or chapter 459  
210 who holds board certification in pediatrics and is a member of a  
211 child protection team;

212 (b) A physician licensed under chapter 458 or chapter 459  
213 who holds board certification in a specialty other than  
214 pediatrics, who may complete the review only when working under  
215 the direction of the child protection team medical director or a  
216 physician licensed under chapter 458 or chapter 459 who holds  
217 board certification in pediatrics and is a member of a child  
218 protection team;

219 (c) An advanced registered nurse practitioner licensed  
220 under chapter 464 who has a specialty in pediatrics or family  
221 medicine and is a member of a child protection team;

222 (d) A physician assistant licensed under chapter 458 or  
223 chapter 459, who may complete the review only when working under  
224 the supervision of the child protection team medical director or  
225 a physician licensed under chapter 458 or chapter 459 who holds

226 board certification in pediatrics and is a member of a child  
227 protection team; or

228 (e) A registered nurse licensed under chapter 464, who may  
229 complete the review only when working under the direct  
230 supervision of the child protection team medical director or a  
231 physician licensed under chapter 458 or chapter 459 who holds  
232 board certification in pediatrics and is a member of a child  
233 protection team.

234 (6) A face-to-face medical evaluation by a child  
235 protection team is not necessary when:

236 (a) The child was examined for the alleged abuse or  
237 neglect by a physician who is not a member of the child  
238 protection team, and a consultation between the child protection  
239 team medical director or a child protection team board-certified  
240 pediatrician, advanced registered nurse practitioner, physician  
241 assistant working under the supervision of a child protection  
242 team medical director or a child protection team board-certified  
243 pediatrician, or registered nurse working under the direct  
244 supervision of a child protection team medical director or a  
245 child protection team board-certified pediatrician, and the  
246 examining physician concludes that a further medical evaluation  
247 is unnecessary;

248 (b) The child protective investigator, with supervisory  
249 approval, has determined, after conducting a child safety  
250 assessment, that there are no indications of injuries as

251 described in paragraphs (4) (a)-(h) as reported; or

252 (c) The child protection team medical director or a child  
253 protection team board-certified pediatrician, as authorized in  
254 subsection (5), determines that a medical evaluation is not  
255 required.

256  
257 Notwithstanding paragraphs (a), (b), and (c), a child protection  
258 team medical director or a child protection team pediatrician,  
259 as authorized in subsection (5), may determine that a face-to-  
260 face medical evaluation is necessary.

261 (7) In all instances in which a child protection team is  
262 providing certain services to abused, abandoned, or neglected  
263 children, other offices and units of the Department of Health,  
264 and offices and units of the Department of Children and  
265 Families, shall avoid duplicating the provision of those  
266 services.

267 (8) The Department of Health child protection team quality  
268 assurance program and the Family Safety Program Office of the  
269 Department of Children and Families shall collaborate to ensure  
270 referrals and responses to child abuse, abandonment, and neglect  
271 reports are appropriate. Each quality assurance program shall  
272 include a review of records in which there are no findings of  
273 abuse, abandonment, or neglect, and the findings of these  
274 reviews shall be included in each department's quality assurance  
275 reports.

276 (9) Children's Medical Services shall convene a task force  
277 to develop a standardized protocol for forensic interviewing of  
278 children suspected of having been abused. The Department of  
279 Health shall provide staff to the task force as necessary. The  
280 task force shall include:

281 1. A representative from the Florida Prosecuting Attorneys  
282 Association.

283 2. A representative from the Florida Psychological  
284 Association.

285 3. The Statewide Medical Director for Child Protection.

286 4. A representative from the Florida Public Defender  
287 Association.

288 5. The executive director of the Statewide Guardian Ad  
289 Litem Office.

290 6. A representative from a community-based care lead  
291 agency.

292 7. A representative from Children's Medical Services.

293 8. A representative from the Florida Sheriffs Association.

294 9. A representative from the Florida Chapter of the  
295 American Academy of Pediatrics.

296 10. A representative from the Florida Network of Children's  
297 Advocacy Centers.

298 11. Other representatives designated by Children's Medical  
299 Services.

300 (b) Children's Medical Services must provide the

301 standardized protocol to the President of the Senate and the  
302 Speaker of the House of Representatives by July 1, 2018.

303 (c) Members of the task force are not entitled to per diem  
304 or other payment for service on the task force.

305 (10) The Children's Medical Services program in the  
306 Department of Health shall develop, maintain, and coordinate the  
307 services of one or more sexual abuse treatment programs.

308 (a) A child under the age of 18 who is alleged to be a  
309 victim of sexual abuse, his or her siblings, non-offending  
310 caregivers, and family members who have been impacted by sexual  
311 abuse are eligible for services.

312 (b) Sexual abuse treatment programs must provide  
313 specialized therapeutic treatment to victims of child sexual  
314 abuse, their siblings, non-offending caregivers, and family  
315 members to assist in recovery from sexual abuse, to prevent  
316 developmental impairment, to restore the children's pre-abuse  
317 level of developmental functioning, and to promote healthy, non-  
318 abusive relationships. Therapeutic intervention services must  
319 include crisis intervention, clinical treatment, and individual,  
320 family, and group therapy.

321 (c) The sexual abuse treatment programs and child  
322 protection teams must provide referrals for victims of child  
323 sexual abuse and their families, as appropriate.

324 Section 2. Section 39.3031, Florida Statutes, is amended  
325 to read:

326           39.3031 Rules for implementation of s. 39.303.—The  
 327 Department of Health, in consultation with the Department of  
 328 Children and Families, shall adopt rules governing the child  
 329 protection teams and sexual abuse treatment programs pursuant to  
 330 s. 39.303, including definitions, organization, roles and  
 331 responsibilities, eligibility, services and their availability,  
 332 qualifications of staff, and a waiver-request process.

333           Section 3. Paragraph (c) of subsection (2) of section  
 334 458.3175, Florida Statutes, is amended to read:

335           458.3175 Expert witness certificate.—

336           (2) An expert witness certificate authorizes the physician  
 337 to whom the certificate is issued to do only the following:

338           (c) Provide expert testimony in criminal child abuse and  
 339 neglect cases pursuant to chapter 827, dependency cases pursuant  
 340 to chapter 39, and cases involving sexual battery of a child  
 341 pursuant to chapter 794 in this state.

342           Section 4. Paragraph (c) of subsection (2) of section  
 343 459.0066, Florida Statutes, is amended to read:

344           459.0066 Expert witness certificate.—

345           (2) An expert witness certificate authorizes the physician  
 346 to whom the certificate is issued to do only the following:

347           (c) Provide expert testimony in criminal child abuse and  
 348 neglect cases pursuant to chapter 827, dependency cases pursuant  
 349 to chapter 39, and cases involving sexual battery of a child  
 350 pursuant to chapter 794 in this state.

351           Section 5. Paragraph (d) of subsection (3) of section  
352 827.03, Florida Statutes, is amended to read:

353           827.03 Abuse, aggravated abuse, and neglect of a child;  
354 penalties.—

355           (3) EXPERT TESTIMONY.—

356           (d) The expert testimony requirements of this subsection  
357 apply only to criminal child abuse and neglect cases pursuant to  
358 chapter 827, dependency cases pursuant to chapter 39, and cases  
359 involving sexual battery of a child pursuant to chapter 794 and  
360 not to family court ~~or dependency court~~ cases.

361           Section 6. This act shall take effect July 1, 2017.

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